



COUNTY OF LOS ANGELES

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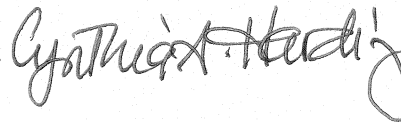
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July 8, 2014

TO: Each Supervisor

FROM:  Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer



SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF
LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION
(ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide bi-weekly reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division Long-Term Care Complaint and Entity Reported Incident Investigations, issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ). This is to provide your Board with the first bi-weekly report that includes how DPH is ensuring complaints involving potential immediate jeopardy to the health and safety of nursing home residents are being prioritized and investigated in a timely manner.

For the Quality Review, CDPH CHCQ Licensing and Certification Program staff reviewed 136 case files, conducted interviews of DPH Health Facilities Inspections Division (HFID) staff, and observed HFID's offices around the county to assess HFID's compliance with State and federal complaint and entity reported incident (ERI) investigation and case closure policies. Based on their review and observations, CDPH CHCQ made six recommendations. The following is the status of the corresponding corrective actions.

Recommendation 1: CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.

Corrective Action: LAC will cooperate with CDPH by providing all information requested.

Status: Completed. Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.

Recommendation 2: HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.

Corrective Action: By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs.

HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.

Status: Completed for this year. Supervisors reviewed with support staff CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs. Acknowledgement Sheets were signed by support staff in each district office acknowledging that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff.

In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.

Recommendation 3: HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.

Corrective Action: In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.

Status: Completed. On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.

Recommendation 4: HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.

Corrective Action: Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.

Status: Completed.

Recommendation 5: HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.

Corrective Action: By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.

Status: Completed. The training for supervisors on appropriate supervisory review of complaint and ERI investigations was included in the June 25, 2014 training session.

Recommendation 6: HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.

Corrective Action: By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training. By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.

Status: A tracking system to monitor training needs and compliance with mandatory training, and the audit review process are in the developmental stages. Each are on schedule for completion by their referenced due dates.

Prioritization and Investigation of Immediate Jeopardy Complaints

All Health Facilities Inspection Division managers/supervisors were trained on the complaint policy and procedure (14-01) that included the prioritization of all complaints and ERI intakes, including those that constitute an immediate jeopardy situation. On July 1, 2014, a new complaint tracking log was issued to all supervisors. With the newly developed tracking log, supervisors shall closely monitor the status of all complaints, including immediate jeopardy complaints, to ensure timely initiation and completion in accordance with mandated time frames. Program Managers will review these logs on a weekly basis and communicate findings to HFID and DPH Environmental Health executive management in weekly program update meetings.

Additional Issues

The CDPH Quality Review report did not take into account staffing shortages. Using the CDPH L&C Staffing Model, which applies state standard average hours for completion of surveys, complaints, ERIs and follow-up activities, 306 positions are required to address the workload for all LAC facilities. LAC has 151 funded positions and has formally requested funding for 155 positions: 27 currently authorized but unfunded positions, and 128 new positions. Until the funding and resources are received, LAC, in consultation with CDPH and U.S. Centers for Medicare and Medicaid Services, is developing a Workload Plan Proposal to optimize the most productive use of existing staff while prioritizing surveys, complaints and ERIs.

Each Supervisor
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I look forward to providing you with the next bi-weekly update on the implementation status of these corrective actions being taken by HFID. In the meantime, if you have any questions or need additional information regarding the status of the corrective actions, please let me know.

JEF:dc
PH:1406:006

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors